The cone shaped segment of cervical tissue will be found adhering to the loop. This excised tissue should include the full columnar epithelial lining of the canal. Cervix then presents the "Coned Out" appearance as illustrated.

If more tissue must be removed the instrument may be re-inserted and previous steps repeated until the desired amount has been coned out. If tissue must be removed from the depths of the endo-cervical canal, the smaller No.2100 electrode is inserted in handle and the canal reamed out to the desired depth.

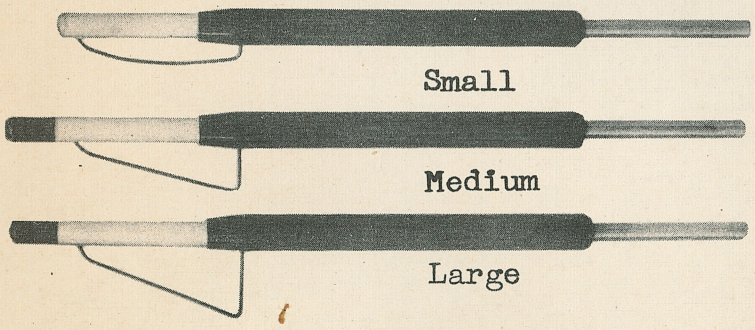
Under ordinary circumstances the cutting current will pre vent hemorrhage but if bleeding does occur, the needle may be inserted in the electrode handle and the coagulation current sparked onto the bleeding point.

* * * * * * * * * * * * * * * * * * *

L - F

CERVICAL CONIZATION ELECTRODES

L-F Cervical Conization electrodes are substantially made and insulated with Isolantite. The loop is of heavy tungsten wire. They are long lived -- do not break or burn out readily. The extended tip acts as a swivel which permits accurate rotation of the loop and the removal of just the right amount of tissue.



No.2100 - For reaming the endo-cervical canal.

No.2101 - For removing a small cone of cervical tissue.

No.2102 - For removing a fairly large cone at the cervix.

NOTE: Illustrations of electrodes are actual size.

PRICE - $3.50 each

Set of 3, ordered at one time - $10.00

THE LIEBEL-FLARSHEIM CO.
303 WEST THIRD ST., CINCINNATI, OHIO

Printed in U.S.A.

CERVICAL CONIZATION TECHNIQUE

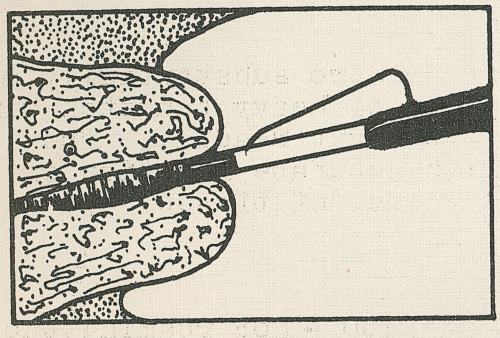
With the vaginal speculum inserted to expose the cervix, the vagina and cervix are freed of all discharge by swabbing. It is important that the cervix be perfectly dry.

The indifferent electrode is placed under the patient's buttocks or over the abdomen(held in place by sandbag or pressure of patient's hands) and connected to the Bovie Unit.

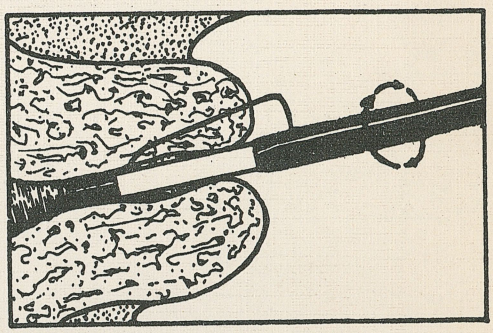
The cervical canal is measured and the depth necessary to insert the instrument is noted. The tip of the instrument should reach the internal os to assure excision of ALL the cervical mucosa.

The proper coning electrode is inserted in handle, which is connected to the active terminal of the Bovie Unit. The cutting current is set to deliver the proper amount of power.

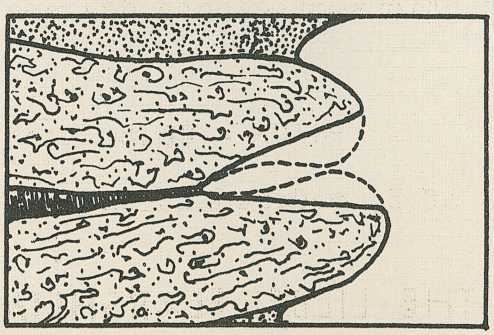
Actual conization is then carried out in the following steps:



1 - Tip of instrument is placed into the external os with loop just contacting the tissue. Cutting current is turned on with the foot switch and instrument advanced into the canal to the required depth, the loop cutting its way in. The insulated tip guards against cutting the internal os.



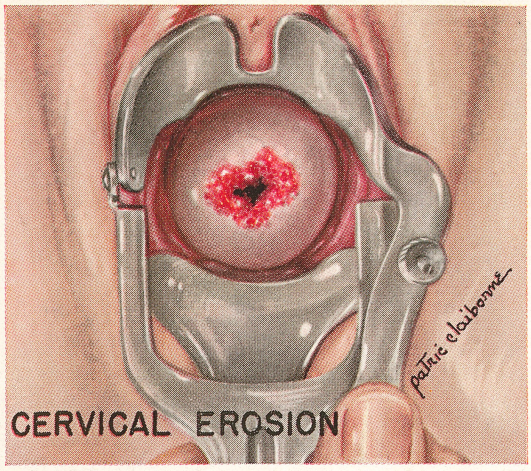
2 - With the current on, the instrument is rotated through one full turn (not necessarily in a single motion) which results in the excision of a cone shaped segment of cervical tissue. The extended insulated tip serves as a fulcrum for the even turning of the electrode.

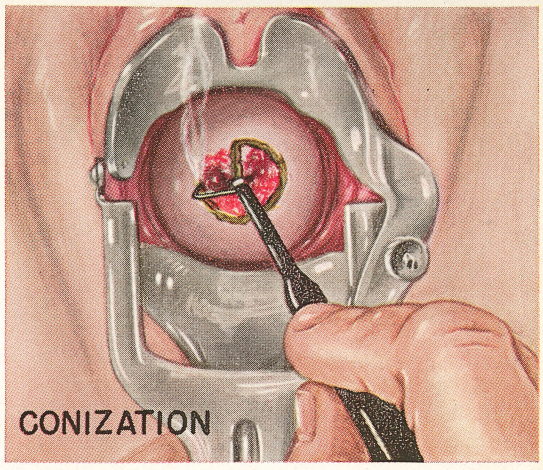


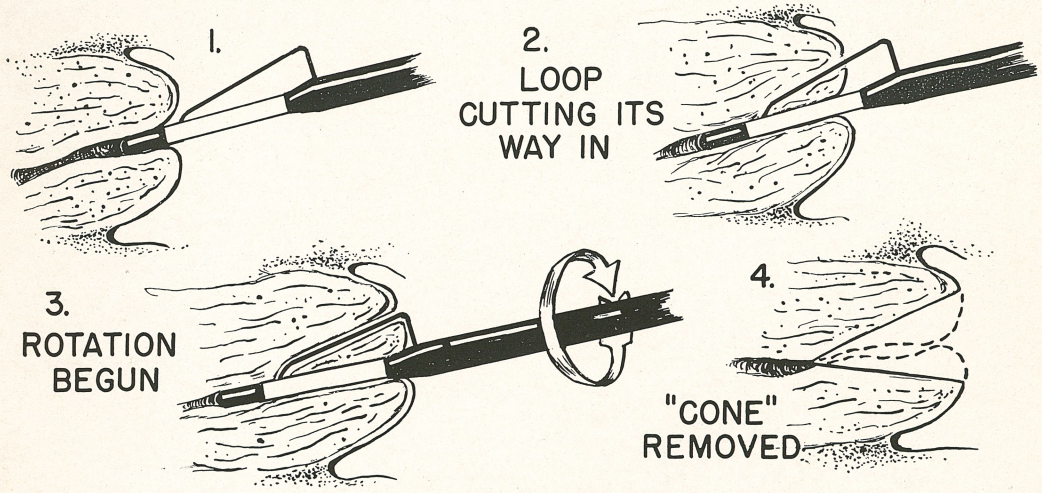
3 - Foot switch is released and the instrument withdrawn, bringing with it the excised piece of tissue.

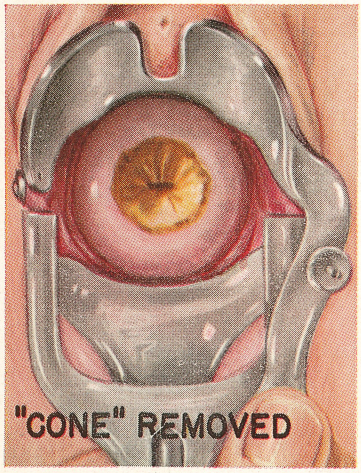
(See Reverse Side)

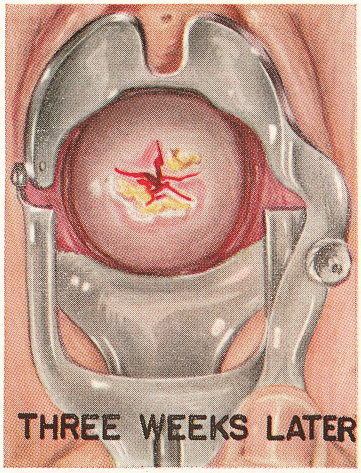
CONIZATION OF THE CERVIX UTERI

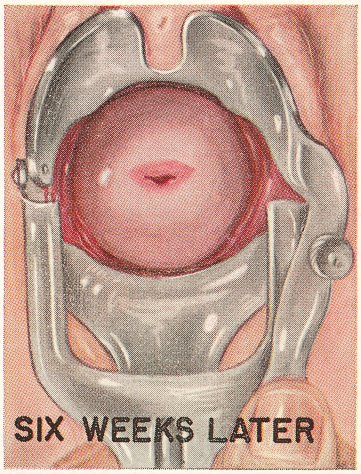












Drawn by Patric Claiborne. Courtesy Medical Art Section, Medical Center of Washington, D. C.

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